

AFFILIATE MEMBERMEMBERSHIP APPLICATION

Please Type or Print All Information Below

KET CONTACTS NAI	ME (FIRST NAME, MIDDLE INITIAL, LAST NAME)			TODAY'S DAT
TITLE			[DEPARTMENT/DIVISIO
COMPANY'S NAME				
COMPANY'S MAILIN	NG ADDRESS (INCLUDES P.O. BOXES AND/OR MAIL DROPS)			
CITY	STATE OR PRO		VINCE ZIP OR POSTAL CODE & COUNTI	
COMPANY'S BUSIN	ESS PHONE (WITH AREA OR COUNTRY CODE)	COMPANY'S BU	SINESS FAX (WITH ARE	EA OR COUNTRY CODE
COMPANY WEBSITE	E		COMPA	ANY'S EMAIL ADDRESS
	MEMBER CATEGORY	ANNUAL SALES VOLUME (IN MILLION DOLLARS)	DUES RATE	
	AFFILIATE Primary business activity must be as a bonafide manufacturer's representative representing at least one active Corporate Member or a professional consultant to the die casting industry with at least one active Corporate Member as a client. Business must employ five people or less, be non-manufacturing in nature and have a North American presence.	Flat Fee	\$750.00	
Payment Information (U.S. Dollars Drawn on a U.S. Bank ONLY) Check (payable to NADCA - US Dollars only) ACH (Routing Number: 071000013 Account Number: 510019620) Payment using Check or ACH saves NADCA on credit card fees. Please consider		Please complete and return this application, along with your remittance to: North American Die Casting Association 3250 N. Arlington Heights Rd., Ste. 101 Arlington Heights, IL 60004		
☐ Credit Card	paying via Check or ACH. ☐ VISA® ☐ MASTERCARD® ☐ AMERICAN EXPRESS®	P: 847.279.0001 F: 847.279.0002 E: corporate@diecasting.org W: www.diecasting.org		
rotar rayintener		NOTE: NADCA dues are not deductible as charitable contributions for federal income tax purposes, but may be deductible as a business expense.		
Credit Card #	Expiration Date	reactal meon.		